

State of New Hampshire Board of Pharmacy

121 South Fruit Street Concord, NH 03301-2412 Tel.: (603) 271-2350 Fax: (603) 271-2856 Website: www.nh.gov/pharmacy/ RENEWAL FEE: \$750.

Check or Money Order Payable To: Treasurer, State of New Hampshire

NON-RESIDENT PHARMACY PERMIT RENEWAL APPLICATION **APRIL 1, 2015 – DECEMBER 31, 2015** REGISTRATION PERIOD

NH Reg. #: NR				Your Current NH Non-Resident, Mail-Order Pharmacy Permit		
Pharmacy Name:				Exp	oires On 3/31/2015.	
Address:			order to con	renew <u>prior</u> to this date in tinue to provide prescription evices to patients in NH.		
City/State/Zip:						
Pharmacy Telephone Number (<u>Direct Line</u> To Pharmacist for Board Use/Licensing Inquiries Only)	Pharmacy Fax Number Toll		Toll-Free Phone Num	ber For Use By NH Residents		
	() (Pharmacy Web Page		()			
Pharmacy Contact's E-Mail Address:			Pharmacy Web P	age Address (If Appl	licable)	
Resident State Pharmacy License/Registration (Must attach copy of current home-state license): DEA Registration (must attach copy of copy to this f				ng Controlled Dru	gs, if not write N/A) – Attach	
Number: Number:						
Exp. Date: Exp. Date:						
Name Of Pharmacist-In-Charge		Phar	macist License Nu	mber	State Of Issue	
Pharmacy Hours						
Monday -Friday (Open – Close): Saturday (Open – Close): Sunday (Open – Close):						
Pharmacy Type (Check <u>All</u> That Apply):						
Community Pharmacy						
Types of Prescription Items Being Shipped To New Har	npshire Residents:					
□ Non-Controlled Drugs □ None (Non-Dispensing) □ Controlled Drugs □ Non-Sterile Compounded Drugs □ Other (Describe): □ Prescription Devices □ Prescription Diabetic Supplies						
Sterile Compounded Drugs * If shipping Sterile						
application you acknowledge that the pharmacy has item #6 on hand and available upon request: 1. Any and all GAP analysis reports related to the pharmacy done within the last twelve (12) months;						
2. Any and all certification documents on compounding equipment done within the last six (6) months;						
3. An inventory listing of any / all products shipped into the State of New Hampshire within the last six (6) months, including product, quantity, location of shipment, and date of shipment;						
 4. Any Department of Health and Human Services, Food and Drug Administration Inspection Reports (Form FDA 483) issued within the last twelve (12) months and any responses submitted to these agencies by the pharmacy; 						
within the last twelve (12) months	uman Services, Fo					
5. Any state inspection reports issue regarding the inspection reports b	uman Services, Foo s and any response d within the last ei	s submitted to ghteen (18) to	to these agencie	es by the pharma	cy;	

Type Of Ownership					
☐ Individual Owner/Trustee/Receivership ☐ Partnership ☐ Corporation / LLC ⇒ State Of Incorporation:					
Name Of Corporation / Parent Company / Owner Federal Tax ID (FEIN) #:					
Corporate / Parent Company / Owner's Mailing Address					
Apprace Tuest Company / Owner & Maning Address					
Since your last renewal, has the license/registration of this pharmacy been subject to disciplinary action by any state or federal licensing/regulatory board/agency?					
Since the pharmacy's last NH renewal, have any of this pharmacy's owners, corporate officers, partners or pharmacists been found guilty of any felony in connection with the practice of pharmacy/distribution of drugs or been found guilty of a violation of federal, state, or local drug laws? □ Yes* □ No *If yes, please attach explanation.					
Does the pharmacy have comprehensive liability insurance coverage? ☐ Yes ☐ No					
ATTACHMENTS, ATTESTATION & SIGNATURE (All 5 items must be initialed; if #2 and #5 do not apply you must write 'N/A'). Be sure to include all required attachments with your application: As Pharmacist-In-Charge, I confirm the following (must initial each item), and I sign/date this application under penalty of perjury: 1. Copy is attached of the pharmacy's current license/registration issued by the Board of Pharmacy or other state regulatory agency where the pharmacy is located (home state);					
2. Copy is attached of the pharmacy's <u>current</u> Federal DEA Registration Certificate if shipping controlled drugs. If not handling/shipping controlled drug, write N/A;					
3. Attached is a list containing the Name, Address, & Title of All Corporate Officers, Partners or Owner(s);					
4. Copy is attached of the pharmacy's complete inspection report from an inspection performed by the DEA, NABP, or State Board of Pharmacy where the pharmacy is located (home state) within the past 18 months.					
5. If shipping sterile compounded products, you <u>must</u> attach items 1 through 5 listed on page 1 of this application and assert that the pharmacy also has item 6 available. <i>If not shipping sterile compounded products, write N/A</i> .					
I,, certify that the contents of this renewal are true Pharmacist-In-Charge (Printed Name)					
Pharmacist-In-Charge (Printed Name) and correct to the best of my knowledge and belief and the above initialed items are attached as applicable.					
Signature: Date:					

- → This Application Will Not Be Accepted Without a Signature & Date of Completion & Without All 5 items initialed/filled in above.
- **→** No Prescription Products May Be Shipped Into New Hampshire Until Your Pharmacy's Registration Is Renewed & No Registration Shall Be Granted Until All Fees Are Paid In Full.
- **→** The New Hampshire Laws / Rules Regarding Non-Resident Pharmacies Shipping Prescription Products / Doing Business In New Hampshire Can Be Found Online At: www.nh.gov/pharmacy/laws/documents/mophcy_laws_rules.pdf
- **→** Note that the Board is switching to a new expiration date (December 31st annually) for all non-resident pharmacies. This renewal fee has been prorated from the standard fee of \$1,000 per year as there are only 9 months in this registration period.